

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037569

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 13Primary Registration District No. 3003Registrar's No. 145

FILED NOV 7 1962

1. PLACE OF DEATH

a. COUNTY

Barry

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Monett

Length of stay in 1b

2 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTE 708 Benton

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Barry

c. CITY

OR TOWN Monett

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

708 Benton

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Ida

Augusta

Waltrip

4. DATE OF DEATH

Month

Day

Year

Oct.

30

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-30-1889

9. AGE (last birthday)

73

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Purdy, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Wilhelm Buening

13b. MOTHER'S MAIDEN NAME

Elizabeth Unknown

14. NAME OF HUSBAND OR WIFE

Manford H. Waltrip

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, go, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. Glenis Brown Monett, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Circulatory Failure

INTERVAL BETWEEN ONSET AND DEATH

30 min

Cardio-Vascular Renal Syndrome

indef

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchial Asthma

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

10/10/62

to 10/30/62

and last saw her alive on 10/30/62

Death occurred at

1:30 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased title)

D.O.

22b. ADDRESS

Purdy, Mo.

22c. DATE SIGNED

10/31/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov. 1, 1962

23c. NAME OF CEMETERY OR CREMATORY

Oak Dale Cemetery

23d. LOCATION (City, town, or county)

Monett, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Mercer Funeral Home Monett, Mo.

25. DATE RECD. BY LOCAL REG.

10-31-62

26. REGISTRAR'S SIGNATURE

Mrs R.N. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0055

2 0055

3

4 1

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9 442X

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12 90-2

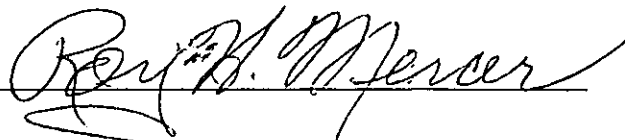
13 2-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4432

P. O. Address Monett, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.